IPDR6702				NORTH CAROLINA		PAGE:	1	
RUN DATE:	06/29/2004			HECKWRITE SUMMARY REPORT	l	IAGE.		
				KWRITE DATE: 06/29/2004				ļ
			r	INANCIAL PAYER: NCDMH		<b></b>		+
							TOTAL	TOTAL
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME				DENTALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	1740	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET			-	
			l					1
		11	585	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	2375	2513	11
			<del> </del>	2012	<del> </del>	<b></b>	<del></del>	+
		8800	38	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404902		11	205	CLIENT NOT ELIGIBLE ON SERVICE				
3404902	BLUE RIDGE COMM UNITY	11	295	DATE	<b> </b>			-
	ONTIT							
		8505	29	CLAIM DENIED DUE TO INSUFFICIE				
		8303	2.7	NT BUDGET		324	373	3 49
								1
3404904	MEGMEDN HIGHTON	8505	2506	CLAIM DENIED DUE TO INSUFFICIE			<del></del>	
	WESTERN HIGHLAN DS LME			NT BUDGET				<del> </del>
			ļ					ļ
		8599	981	DETAIL NOT COVERED BY COMBINAT	300	4799	5155	356
				ION OF RECIPIENT, PROVIDER AND	300	4733	3133	330
				BENEFIT PACKAGE.				1
		167	296	NO CHARGE BILLED. ENTER BILLED				
				AMOUNT AND SUBMIT DETAIL AS				1
				A NEW CLAIM				
3404905	TREND COMM MENT	11	875	CLIENT NOT ELIGIBLE ON SERVICE				
	AL HLTH CTR			DATE				
			ļ					-
		8505	138	CLAIM DENIED DUE TO INSUFFICIE	0	1085	1226	5 141
				NT BUDGET				
		21	71	DUPLICATE OF CLAIM-SYSTEM				<del> </del>
								I
			<b> </b>					-
3404907	RUTHERFORD-POLK	11	15	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
			ļ					-
		0	O		0	15	34	1 19
3404910	PATHWAYS	11	68	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				I
			<b> </b>		ļ			-
		8505	50	CLAIM DENIED DUE TO INSUFFICIE	0	128	148	3 20
				NT BUDGET				-
							<u> </u>	<del> </del>
		8800	9	FURTHER PROCESSING NECESSARY,				T
			ļ	PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				<del> </del>
3404912	CATAWBA COUNTYM	8505	394	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				-
	ENTAL HEALT			m. 200021				+
		8599	62	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	1	504	595	91
				BENEFIT PACKAGE.			<b> </b>	<del> </del>
		11	45	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	<u> </u>						<del> </del>	<b>†</b>
3404913		8505	6044	CLAIM DENIED DUE TO INSUFFICIE				
~~04313	MECKLENBURG COM ENTAL HEALT			NT BUDGET	<del> </del>			+
								<u></u>
		11	1520	CLIPME MOR PLICIPLE ON CONTROL				
	-	11	1539	CLIENT NOT ELIGIBLE ON SERVICE DATE	21	8368	8369	1
								<u></u>
		8800	580	FURTHER PROCESSING NECESSARY,				
			550	PLEASE CHECK FOR CLAIM ON				+
				FUTURE RA'S.				
			l		l			

				I				
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER		EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME	2020	DENTIFIED	DECELLION	DENIALS	DENIALS	FINALIZED	PAID
3404916	CROSSROADS BEHA	8505	4481	CLAIM DENIED DUE TO INSUFFICIE				
	VIORAL HEAL	<u> </u>	<b> </b>	NT BUDGET				
	VIOLULE IIIME							
	†	<del> </del>	l					
	<u> </u>	8800	283	FURTHER PROCESSING NECESSARY,	23	4840	5282	442
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8931	23	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
	<u> </u>							
	ļ		L	CLAIM DENIED DUE TO INSUFFICIE				
3404917	CENTERPOINT HUM	8505	2752	NT BUDGET				
	AN SERVICES	L		NT BUDGET				
		ļ	ļ					
	-	11	358	CLIENT NOT ELIGIBLE ON SERVICE	86	4005	4055	41
	+	<del> </del>	<del></del>	DATE		4025	4066	41
	<del> </del>	<u> </u>	l					
		8800	331	FURTHER PROCESSING NECESSARY,				
	<u> </u>	<u> </u>	l	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404918	ROCKINGHAM CO M	8505	465	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		11	90	CLIENT NOT ELIGIBLE ON SERVICE	19	727	1209	482
			ļ	DATE				
	<del></del>	ļ	ļ		ļ			
		0000	90	FURTHER PROCESSING NECESSARY,				
	ļ	8800	90	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
				FUTURE RA'S.				
3404919	+	8599	1859	DETAIL NOT COVERED BY COMBINAT				
	GUILFORD CO MEN			ION OF RECIPIENT, PROVIDER AND				
	TAL HEALTHC		-	BENEFIT PACKAGE.				
	+	<del> </del>	<del> </del>			<del></del>		
	<del> </del>	8505	1622	CLAIM DENIED DUE TO INSUFFICIE	227	4658	10056	5398
				NT BUDGET		4030	10030	3330
	1	<del>                                     </del>	l					
			l					
		8800	299	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404920	ALAMANCE CASWEL	8505	4158	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
			l					
	<del> </del>	8800	959	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	51	6169	6170	1
	-	ļ	ļ	FUTURE RA'S.				
			ļ	FUTURE RA'S.				
	<del></del>	8599	368	DETAIL NOT COVERED BY COMBINAT		<del></del>		
	<del> </del>			ION OF RECIPIENT, PROVIDER AND		<b></b>		
			l	BENEFIT PACKAGE.				
	+	<del> </del>	-					
3404921	ORANGE PERSON C	8505	5817	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA	<u> </u>	<b></b>	NT BUDGET				
		8800	581	FURTHER PROCESSING NECESSARY,	52	7287	10105	2818
				PLEASE CHECK FOR CLAIM ON				
	ļ	L		FUTURE RA'S.				
		8599	254	DETAIL NOT COVERED BY COMBINAT				
	<u> </u>	ļ	ļ	ION OF RECIPIENT, PROVIDER AND				
	ļ	ļ	ļ	BENEFIT PACKAGE.				
3404922	<del> </del>	10		*** NO DATA TO REPORT ***		ļ		
J-104522	THE DURHAM CENT	Ĭ	ľ	NO DRIR TO REPORT				
	ER							
	<del> </del>							
	<del> </del>	0	0					
	<del> </del>	-	F		0	0	0	0
	<del> </del>	<del> </del>	l			-		
3404923	VGFW AREA AUTHO	8505	3574	CLAIM DENIED DUE TO INSUFFICIE				
	RITY		l	NT BUDGET				
		<del> </del>	l					
			L			<b></b>		
		8800	279	FURTHER PROCESSING NECESSARY,	10	4400	4570	80
		8800	279	PLEASE CHECK FOR CLAIM ON	12	4499	4579	80
		8800	279		12	4499	4579	80
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	12	4499	4579	80
		8800	279	PLEASE CHECK FOR CLAIM ON	12	4499	4579	80
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	12	4499	4579	80
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	12	4499	4579	80

	1	1					TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	8505	2365	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8599	546	DETAIL NOT COVERED BY COMBINAT	317	4057	4777	674
		0333	540	ION OF RECIPIENT, PROVIDER AND	317	4057	4731	674
				BENEFIT PACKAGE.				
		8800	346	FURTHER PROCESSING NECESSARY,				
		8800	340	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404926	SOUTHEASTERN RE	8599	2849	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	G MENTAL HL		<del> </del>	BENEFIT PACKAGE.		<b></b>		
		8505	2581	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	4832	14941	16666	1725
				NI BODGEI				
		8935	2124	ASTNC INELIGIBLE TO RECEIVE SE				
			ļ	RVICES IN IPRS.				
3404927	CUMBERLAND CO M	8599	206	DETAIL NOT COVERED BY COMBINAT				
	HC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
			ļ	DENEFII FACROE.				
	İ	8505	168	CLAIM DENIED DUE TO INSUFFICIE	3	578	1776	1198
				NT BUDGET		370		
		21	146	DUPLICATE OF CLAIM-SYSTEM				
3404929	LEE HARNETT MH/	8505	1610	CLAIM DENIED DUE TO INSUFFICIE				
3404323	DD/SAS	0303	1010	NT BUDGET				
		21	1319	DUPLICATE OF CLAIM-SYSTEM	6	3299	4163	864
	<del> </del>	<del> </del>	<del> </del>			<b></b>		
	ļ	8599	159	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				DENEFIT PACKAGE.				
			<b></b>					
3404930	JOHNSTON COUNTY	8505	2286	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTHC		ļ	NT BUDGET				
		8800	212	FURTHER PROCESSING NECESSARY,	59	2591	3189	598
				PLEASE CHECK FOR CLAIM ON				
			ļ	FUTURE RA'S.				
		8931	54	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
			ļ					
3404931	WATER ON HIM ONE	8505	13103	CLAIM DENIED DUE TO INSUFFICIE				
	WAKE CO HUM SVC BILLING OF			NT BUDGET				
		21	1507	DUPLICATE OF CLAIM-SYSTEM				
		<del></del>			338	18163	37221	18852
		9500	1383	DESKII MOE COMEDED DV COMPANY				
		8599	1.00	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	l	<del> </del>		BENEFIT PACKAGE.				
	RANDOLPH/SANDHI	8505	832	CLAIM DENIED DUE TO INSUFFICIE				
	LLS CO MH C		l	NT BUDGET				
		8526	238	CLAIM DENIED, UNITS BILLED MUS	39	1447	1659	212
	I .		<b> </b>	T BE GREATER THAN ZERO				
			1	ļ	1	<b></b>		
								<b> </b>
		8800	127	FURTHER PROCESSING NECESSARY,				
		8800	127	PLEASE CHECK FOR CLAIM ON				
		8800	127					
3404933	SOUTHEASTERN CT	8800	127	PLEASE CHECK FOR CLAIM ON				
	SOUTHEASTERN CT R FOR MM/DD			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE				
		8505	415	FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE NY BUDGET				100
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE	0	737	1817	1080
		8505	415	PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE  NY BUDGET  CLIENT NOT ELIGIBLE ON SERVICE	0	737	1817	1080
		8505	128	PLEASE CHECK FOR CLAIM ON FOTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE	0	737	1817	1080
		8505	415	PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE  NY BUDGET  CLIENT NOT ELIGIBLE ON SERVICE	0	737	1817	1080
		8505	128	PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE  NR BUDGET  CLIENT NOT ELIGIBLE ON SERVICE  DATE  DATE  DATE OF SERVICE MISSING OR INV	0	737	1817	1080

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER		EOBS EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404934		8505	669	CLAIM DENIED DUE TO INSUFFICIE				
3404934	ONSLOW COUNTY B	0303	003	NT BUDGET				
<b> </b>	EHAVIORAL H			11 200021				
<b></b>	+	<del> </del>				<u> </u>		
<b></b>	-	8599	82	DETAIL NOT COVERED BY COMBINAT		918	1781	859
				ION OF RECIPIENT, PROVIDER AND	li	910	1/01	033
<b></b>		<del> </del>	<u> </u>	BENEFIT PACKAGE.				
	1	11	45	CLIENT NOT ELIGIBLE ON SERVICE				
		<u> </u>	l	DATE				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
L								
	<u> </u>	0	0			0	0	0
<b></b>		ļ						
3404936		8505	930	CLAIM DENIED DUE TO INSUFFICIE				
3404930	WILSON-GREENE M	0303	330	NT BUDGET				
	ENTAL HEALT	<u> </u>	ļ	NI BODGEI				
		ļ	ļ		ļ			
<b></b>	<del> </del>	8800	59	FURTHER PROCESSING NECESSARY,	l	1000	1000	58
	-		1	PLEASE CHECK FOR CLAIM ON	8	1036	1094	58
	<del> </del>	<del> </del>	<del> </del>	FUTURE RA'S.	<del> </del>	<del></del>	<del> </del>	
		-	<b> </b>		<b> </b>			
		120	28	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				<b></b>
				AS A NEW CLAIM				
			l		l			· · · · · ·
3404937	EDGECOMBE NASH	8505	1988	CLAIM DENIED DUE TO INSUFFICIE	l			
	MNTL HLTH C			NT BUDGET	L			
		8931	206	AMTNC INELIGIBLE TO RECEIVE SE	247	2596	2596	0
				RVICES IN IPRS.				
L	ļ			DUPLICATE OF CLAIM-SYSTEM				
		21	203	DUPLICATE OF CLAIM-SYSTEM				
<b></b>		ļ						
<b></b>		L						
3404938		8505	1076	CLAIM DENIED DUE TO INSUFFICIE				
3404330	RIVERSTONE MENT	0303	1070	NT BUDGET				
<b></b>	AL HEALTH C		ļ	11 202021				
<b></b>	-							
	+	5404	429	SEVERE DUPLICATE: SAME ATTD PR	71	1981	2011	30
				OV/PCODE/TOS/DOS/MOD		1901	2011	30
l	-							
		<del>                                     </del>						
		120	337	CLIENT ID NUMBER MISSING OR IN				-
				VALID. ENTER CID AND SUBMIT				
[			1	AS A NEW CLAIM				
3404939	NEUSE MENTAL HE	8505	748	CLAIM DENIED DUE TO INSUFFICIE				
	ALTH CENTER			NT BUDGET				
<u></u>								
<b></b>		8800	233	FURTHER PROCESSING NECESSARY,	1	1144	1758	593
<b></b>	<del> </del>	ļ	ļ	PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	ļ		ļ	
<b></b>	-		l	- 0.100m att 0.	ļ		-	
<b></b>	-	11	103	CLIENT NOT ELIGIBLE ON SERVICE	ļ			-
<b></b>	+	<del> </del>	<del> </del>	DATE	<del> </del>			
	-	<del> </del>	<b> </b>		<b> </b>			
[	1		<b> </b>		l			
3404941	PITT CO MH/DD/S	8505	1925	CLAIM DENIED DUE TO INSUFFICIE	l			<del>                                     </del>
	AS CENTER			NT BUDGET	l			
			1		l			
i		I	I		I			
1			170	DETAIL NOT COVERED BY COMBINAT	88	2671	3616	945
		8599	12.70		88	20/1		
		8599	270	ION OF RECIPIENT, PROVIDER AND	88	26/1		
		8599	170	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	88	26/1		
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	88	20/1		
		21	120	ION OF RECIPIENT, PROVIDER AND	88	20/1		
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	88	20/1		
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	88	20/1		
		21	120	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. BOPLICATE OF CLAIM-SYSTEM	88	20/1		
3404942	ROANGKE CHOMANH			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE	88	20/1		
3404942	ROANOKE CHOWANH	21	120	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. BOPLICATE OF CLAIM-SYSTEM	88	20/1		
3404942		21	120	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE	88	20/1		
3404942		21 8505	120	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET				
3404942		21	120	ION OF RECIPIENT, PROVIDER AND BENEFIT PRACKAGE.  BOPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE  WIT BUDGET  DETAIL NOT COVERED BY COMBINAT	34	2671	2703	
3404942		21 8505	120	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND			2703	
3404942		21 8505	120	ION OF RECIPIENT, PROVIDER AND BENEFIT PRACKAGE.  BOPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE  WIT BUDGET  DETAIL NOT COVERED BY COMBINAT			2703	
3404942		21 8505 8599	401	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE  NY BUDGET  DETAIL NOT COVERED BY COMMINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			2703	
3404942		21 8505	120	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  BUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE  NY BUDGET  GETALL NOT COVERED BY COMBINAY ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ANTRC INELIGIBLE TO RECEIVE SE			2703	
3404942		21 8505 8599	401	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  CLAIM DENIED DUE TO INSUFFICIE  NY BUDGET  DETAIL NOT COVERED BY COMMINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			2703	

PROVIDER		HIGH DENIAL	NUMBER OF			ļ	TOTAL	TOTAL
NUMBER		EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943		8505	871	CLAIM DENIED DUE TO INSUFFICIE		<del>                                     </del>	<u> </u>	
	ALBEMARLE MENTA	8303	0/1	NT BUDGET				
	L HEALTH CE			NT BUDGET				
				<del></del>		ļ	<u> </u>	ļ
		8800	93	FURTHER PROCESSING NECESSARY,				
		0000	22	PLEASE CHECK FOR CLAIM ON	55	1096	1566	470
				FUTURE RA'S.		<del> </del>		
				FOTORE RA 3.		<u> </u>		
		8931	35	AMTNC INELIGIBLE TO RECEIVE SE		<b> </b>		
				RVICES IN IPRS.				-
				TVICED IN IIIU.		ļ	<u> </u>	
						<del> </del>	<del></del>	·
3404944	DA OMBOTAMBE HITMA	8505	3339	CLAIM DENIED DUE TO INSUFFICIE		ļ		
	EASTPOINTE HUMA			NT BUDGET		-		
	N SERVICES		<del></del>			<del> </del>	<del></del>	
			+					
		8800	599	FURTHER PROCESSING NECESSARY,	120	4549	6911	2362
			+	PLEASE CHECK FOR CLAIM ON	120	4549	9311	2362
				FUTURE RA'S.		l		-
			+			<del> </del>	-	
		8599	265	DETAIL NOT COVERED BY COMBINAT		+		
			+	ION OF RECIPIENT, PROVIDER AND		l		-
			+	BENEFIT PACKAGE.	-	<u> </u>		
3404946		8505	2799	CLAIM DENIED DUE TO INSUFFICIE		ļ		
	FOOTHILLS AREAM		+	NT BUDGET		<del>                                     </del>	<del></del>	
	ENTAL HEALT					ļ		
		11	679	CLIENT NOT ELIGIBLE ON SERVICE	33	3848	3851	
				DATE	32	3848	3851	3
			+					
			<del></del>			<del> </del>	<del></del>	
		21	135	DUPLICATE OF CLAIM-SYSTEM		<b> </b>		
						ļ	<b> </b>	
						ļ	<u> </u>	
3404957		8505	586	CLAIM DENIED DUE TO INSUFFICIE		<del> </del>	<del></del>	·
	TIDELAND MENTAL			NT BUDGET		<b>+</b>		-
	HEALTH CTR			11 100011		ļ		
						<del> </del>	<del></del>	
		8800	80	FURTHER PROCESSING NECESSARY,	1	705	705	
				PLEASE CHECK FOR CLAIM ON		725	725	0
			<del></del>	FUTURE RA'S.		<del> </del>	<del></del>	
						<b> </b>		
		8599	22	DETAIL NOT COVERED BY COMBINAT		l		
			+	ION OF RECIPIENT, PROVIDER AND		+		
			1	BENEFIT PACKAGE.		<del> </del>		-
	<u> </u>		+		+	<del> </del>	<del> </del>	
3404959	DAVIDSON CO MEN	8524	51	CLAIM DENIED, PROVIDER MUST BE		<b> </b>		
	TAL HLTH CT		1	DESIGNATED AS A BILLING		l		
	IAL HLTH CT		+	PROVIDER.		+		
			-	+		<del> </del>		-
		0	0			51	51	
			+			51	51	
			+		-	<del> </del>	<del> </del>	-
	NEW RIVER AREAM	8505	1750	CLAIM DENIED DUE TO INSUFFICIE		<del> </del>	<del> </del>	<del> </del>
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		11	189	CLIENT NOT ELIGIBLE ON SERVICE		2070	2070	
		11	189	CLIENT NOT ELIGIBLE ON SERVICE DATE	2	2079	2079	0
		11	189	CLIENT NOT ELIGIBLE ON SERVICE DATE	2	2079	2079	0
		11	189		2	2079	2079	0
				DATE	2	2079	2079	0
		11	189		2	2079	2079	0